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opportunity of knowing much about their leisure time and is, therefore, working at a disadvantage. We are striving toward the ideal, however, and later we hope to have a fuller measure of her time.

This special work all costs money. It has been my experience, however, that when we feel the need strongly enough, there always seems to be a way of getting the money.

The entirely different atmosphere and the new interests which the instructors in these special subjects bring to the nurses are big factors in keeping them in touch with current events, in broadening their outlook and in helping them to retain their nursing interest to the end of the course.

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## THE SOCIAL, ECONOMIC AND EDUCATIONAL STATUS OF THE NURSE<sup>1</sup>

BY RICHARD OLDING BEARD, M.D.

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*(Continued from page 878 of the August Journal)*

There is one thing essential in such a union. It should be educationally complete. The university or college should assume the ownership and control of the school, whether it owns or does not own the hospital which serves as the laboratory of the school. It must determine and direct the educational policy of the school. It must guarantee the fitness of its graduates and the degree or diploma is the best public seal it can set upon their work. That loose order of affiliation which sometimes obtains, under which the university lends its name and reserves its responsibility for the conduct of the school of nursing is a mischievous mistake. It is a mere pretense of university relationship which is not worth while. I fancy it is altogether probable that the forthcoming report upon the investigation of nursing education undertaken by the Rockefeller Foundation will give a new stimulus to university control.

Very many private schools of nursing still exist but, like the private schools of medicine that remain, there is a handwriting upon the walls of their future and it behooves them to read it or to find some Daniel to interpret it to them. It says that their days are numbered, that "the old order changeth, giving place to the new," that the day of the university education of the nurse has come. They will struggle along, some of them, for a while, because all transitions come slowly, because great changes are like new births,—painful in process.

<sup>1</sup>An address delivered at the Lakeside Hospital, Cleveland, May 26, 1920.

The School of Nursing of Lakeside Hospital, among the leading hospitals of the land, and serving greatly the medical school of one of the greatest of universities, should be in the forefront of this movement. It should become, in name and in fact, the School of Nursing of Western Reserve University. The university cannot undertake a more important function. The school, in such a relationship, will find its fuller development, its greater future. It will exercise a wider influence, because under the direction of the University it will not only standardize its own teaching, but will serve, in the course of time, to standardize the education of nurses in the State of Ohio.

Given to the schools this impetus of university relationship, something more than the standardization of the training of the nurse, at its existing level, will result. A path of broadening opportunity will soon open before the student of nursing. The University of Minnesota, with some three or four other universities, already points the way to this farther goal in the provision of a five-year course, in which the College of Science, Literature and the Arts, the College of Education, and the School of Nursing combine their teaching forces and confer upon the successful candidate the degrees of Bachelor of Science and Graduate in Nursing. Minnesota has eight students enrolled in this five-year course in the current year. Still other universities are preparing for this higher phase of nursing education.

But the path of opportunity does not end here. Answering the urgent call for the higher and specialized education of nurses, to fit them for more responsible positions in the public health service, courses in public health nursing are now offered in nine university or collegiate schools of the country. Among them is the University of Minnesota. These courses admit, with us, either the graduates of approved training schools, or senior students recommended by their school superintendents, provided the applicant, in either group, presents a high school diploma. The courses are divided into two periods of four months each. In the first, the fundamental principles of public health nursing are taught; in the second, the student may select some special field of study in which she may receive intensive training. The social and relief agencies and the industrial corporations of the two neighboring cities, together with a model practice county of Hennepin, as a rural demonstration laboratory, offer field work to our students.

So great is the demand for the services of these super-nurses that a long waiting list of positions, covering a number of western states, is always on file. Your profession is undoubtedly on the

threshold of a new day of opportunity of service. The University's adoption of your School will enable you to enter into it to the full.

One should not attempt to write the contemporary history of education in nursing without taking account of the social conditions which direct its trend. We may cherish a personal belief in the polestar of destiny which forever determines souls, but we cannot permit ourselves to believe, even in the individualistic period of youth, that personal destiny is isolate. The intensified social consciousness of to-day, under which we are born and in which we live and die, emphasizes for us the spiritual truth that "No man liveth to himself," but we are all sharers one with another. We may feel that we have a definite call to a given service, and it is well; but there are considerations we do not govern which dictate the call and activate the response. The minister, summoned to a new charge, may pray, in the seclusion of his study, for light and leading, but his wife, in her upper chamber, answering the plea of her growing family for the benefits of a prospectively larger salary, meanwhile is packing the trunks.

We are faced, at the present day, with an economic fact, a serious shortage of nurses. The newly awakened interest of the people in public health has created an active demand for nurses in every field of nursing activity. The Government and the American Red Cross are employing large numbers of trained women. State boards of health, county organizations in many states, rural communities generally, visiting nurses' associations in the larger cities, infant welfare societies, anti-tuberculosis committees, public school systems, industrial enterprises, hospitals, dispensaries, medical social service agencies, group clinics are bidding for their services. Private practice is being robbed of its needed quota of nurses.

These economic conditions, combined with the high and ever higher cost of living, have led to an increase of the nurse's salary scale; and the great army of people of moderate means, or of means exhausted by illness, complain that the trained nurse has become a prohibitive luxury.

Under circumstances such as these it is easy for the uninformed to fall into the error of belief that educational requirements are too severe and serve to debar women from the calling of the nurse. It is not true. Unfortunately there are still scores of training schools, appendages of private hospitals throughout the country, which maintain low standards. In spite of the fact, they go hungry for applicants. There is a famine of pupil nurses in these low grade schools. They have not enough students to satisfy the nursing needs of the hospitals their students serve.

On the other hand, the university schools, with their higher requirements, are, generally speaking, relatively rich in matriculants. Minnesota, up to the present term, has always been offered a larger registration than she could accept. The day has gone by when the lowering of the educational standards attracts anybody. It can afford no relief to the scarcity of nurses. Student nurses, in ever increasing numbers, are seeking the good schools, they demand good training, they do not want anything else. Applicants whom the Minnesota school cannot accept, at any given enrollment period, will wait six months or a year for admission rather than go to non-university schools. Applicants, whom we refuse for physical or social unfitness, for immaturity, or for lack of satisfactory preparation, will accept correctional treatment or supplementary courses of instruction to fit themselves to enter.

Dismissing the argument, then, for lowered standards of education, we still face the economic fact that the supply of nurses, at the present time, is inadequate. We may as well admit that the time has come when a readjustment of the nursing profession to social need must be sought. I remind you, again, that you are to belong, from this day forward, to a profession of service, and that you must fitly serve. You must answer to the social demands that are laid upon you, or, sooner or later, you will be pushed aside in favor of those who do or will. It behooves us then to take account of the present day demands that are being made upon the profession of nursing.

First, at the risk of repetition, let us quote that there is an increasing demand for the super-nurse, a highly trained, broadly educated woman, capable of superintending a teaching institution or of conducting advanced teaching; of directing organizations in which nurses are employed; of assuming responsibility for national, state, county, or municipal positions in public health nursing; of expert service in public or private laboratories, infirmaries, or clinics; of managing medical social service departments in hospitals or dispensaries; of organizing nursing activities for industrial or commercial corporations; of overseeing the health systems of our public schools. Many are the opportunities in this major field and they are rapidly multiplying day by day and year by year. These positions command salaries ranging from \$1,200 to \$5,000 a year.

For want of an adequate supply of women who have had graduate training and wide experience in field work, a large number of these positions are still filled by women who have had only the ordinary education of the school of nursing; but these incumbents are being replaced, little by little, as they should be, by those of superior advantages.

Second: the registered or graduate nurse is in greater demand to-day than she ever has been and that not only in the field of private nursing, in which the paucity of supply is most seriously felt, but in the many social and civic agencies which are undertaking more and more extensively the supervision of the public health. These phases of socialized nursing are making a gathering appeal to graduate nurses. Visiting nursing, tuberculosis control, infant and child welfare, medical social service, public school nursing, industrial nursing, dispensary and infirmary clinics, special hospital nursing, the office practice of doctors and dentists, all of these are inviting you to places, under specially trained supervisors; places which are fairly remunerative, which leave you some chance of leisure hours; which enable you, at a fixed compensation, to do your work "for the joy of the working," and to grow in the doing of it. From these fields of service you have the readier opportunity to undertake graduate courses of study which, super-added to your field experience, may advance you to still more responsible positions.

I cannot but emphasize this tendency of the times, which is carrying large numbers of women of these graduate and super-graduate groups along with it, toward government-directed and distinctly socialized forms of nursing. I believe not only that the tendency is determined by present social need, but that it is destined to grow greatly as the people at large come to a more widely awakened consciousness of that need. I know there are those who fear this new movement, who see in it a threatened famine of nurses in private practice, who do not see in it any promise of relief for that large class of people who stand between the wealthy sick, who can command private nurses at high prices, and the indigent sick who depend upon relief agencies. And again, let us squarely meet the issue. This fear is justified. The large social group which cherishes this fear, or for whom we cherish it, includes those who, though self-dependent, cannot pay, when they or their families are overtaken by sickness, the salaries which trained nurses of to-day command; but it also includes almost as large a group who when they are well are economically efficient and are able, with more or less difficulty perhaps, to make ends meet; but who, when they are ill or have burdens of family sickness to bear, are economically disabled and are reluctantly compelled to seek some sort of compromise with social independence. What are we going to do about it? How are we to readjust ourselves to this growing, this serious demand for the nursing help which social justice requires these people should have?

For years, our nursing organizations and our hospital and medical associations have sought and have not found a solution of the

problem. It remains a more pressing one to-day than it has ever been. Perhaps they have failed of its solution because they have fancied that a remedy could be found only in a disturbance of the existing order. On the one hand there have been those who would diminish educational requirements as an invitation to a hypothetical increase of pupil nurses. On the other hand there have been those who tenaciously and rightly cling to their educational ideals, even though these are susceptible of further betterment.

Proposals to train nurses' aides have been suggested, and have been met by the perfectly sound argument that aides of lesser training and with meagre experience would soon arrogate to themselves the name, the function, and the salary of full graduate nurses. They would represent a return to the days of the experienced nurse who was usually the lineal descendant of the type of Sairey Gamp. Nevertheless, I am not sure that the question should be so summarily disposed of. It seems possible that under proper legislation both the public and the nursing profession might be protected and served. Let such legislation provide for suitable preliminary education; for not less than one year of training; for licensure upon certificate or examination; for registration in local bureaus as secondary nurses or licensed aides; and let a penalty attach to impersonation of the graduate or registered nurse. Let the public be advised of the secondary and limited function of such nurses in the care of sickness. Yet, after all has been said and done, the expedient is admittedly more or less dangerous in process and doubtful of result. One cannot but confess that it carries with it the social injustice of offering inferior nursing service to those who cannot afford to pay as heavy a charge as their more fortunate neighbors.

Are there not better ways in which the social demand may be met? May we not encourage other measures which will put help of the highest order within reach of all economically conditioned classes of the people? May I suggest three several directions in which our best endeavors toward relief may serve?

1. Bureaus have been organized, and in some instances have proved profitable, for the supply to the public of hourly employed graduate nurses. These enterprises should be promoted. Physicians should advise their patients of occasions of illness or periods of convalescence in which these part-time nurses may fitly serve their need. Such a bureau should guarantee to its nurses a minimum earning, to be increased in proportion to the work they do in excess of their minimal salary. The sum of the service rendered to society by such hourly visiting nurses might yield an income greatly increased beyond

that of the ordinary private nurse. Such women should be available, as physicians are, for emergency night duty.

2. Advantage should be taken of the growing tendency to use the hospital as the housing place of the sick. The burden of sickness in the home may be greatly lightened and a satisfactory nursing service secured by promoting this tendency. Many nurses prefer hospital practice after graduation and they are usually available therein for special duty. Advanced pupil nurses should be furnished to private patients, in urgent cases, at a lower rate than the registered nurse is usually paid.

The private hospital, whether denominationally or professionally controlled, should be regarded as the hotel of the sick. It should provide rooming accommodations and board, at varying rates, laboratory conveniences, and competent nursing. Such an hotel for the sick should be conducted as a business enterprise on a self-supporting basis. We should cease to think of it as a public benefaction.

The scope of the public hospital, whether under municipal, county, or state control, should be widened to accommodate not only the indigent sick but, at a suitable per diem charge, those who, for the time being, are economically disabled and therefore cannot avail themselves of the hotels for the sick. Such public hospitals should be manned with graduate as well as pupil nurses on occasion. They should give the highest order of service. They should be maintained by taxation, plus the per diem charges they may collect. They are not to be regarded as charities, but as equalizers of social justice, as institutions for the care and the restoration, not only to health, but to economic efficiency, of the people admitted to them.

3. Similarly, and for the same social and economic reasons, the scope of visiting nurses' associations should be broadened. Their service should not be confined to the indigent who are ill, but should be extended, also, on an hourly remuneration basis, to those who can pay but little, but in the paying of it may preserve a measure of economic self-dependence. This extension of service has already been undertaken in certain cities and is proving a boon to the temporarily or chronically sick, who have a right to good nursing service, but who must have it at small cost. Of course it means the employment, at fair, continuing salary, of a larger number of nurses.

I think the time may come when the community, as a whole, will undertake the support of these visiting nurses' associations. It would be better so than to regard them as public benefactions. The sooner we get away from the idea that these social agencies have the function of charity and the sooner we come to regard them as the



adjusters of social inequality, as the stabilizer of the public health for the good of the whole community, the better.

In all of these institutional or organized forms of nursing service, there is the element of assured compensation to the nurse, her freedom from anxiety for the wage she earns, the opportunity to work for the work's sake. That means much to her who has that sense of social service which her calling should carry with it. In each and all of them I can see the opportunity to place thoroughly trained nurses within reach of all economic classes of the people.

And now you will permit me to say a personal word. I greet you as runners in a good race. I believe that you will keep the faith for which your profession stands. I wish you success in all the work to which you put your head, your heart and your hand. Should you continue in the vocation you have chosen, I hope you may reach up to its highest opportunities. Should the future lead you to the goal of every good woman, to happy homes of your own, you will be the better wives and mothers because you are trained nurses. If you remain married to your calling, you will find in following it, love and joy, as well as human suffering, and children many for your mothering.

Success waits for you; be ready for it. Should failure in the future, sometimes confront you, resolve that you will "not count on aught but being faithful." "It is better to fail than never to have had a striving worth being called a failure." But you will not, in the end, fail. The life which opens before you is big with opportunities of continuing service; and no life of strong, honest service ever fails. The memory of the simple, sainted nurse, whom the English-speaking world centennialized but a few days ago, is proof of that. Such a life as here immortalizes itself; and surely, for the saving of this troubled world of ours there is nothing better, that any among us can work and hope for, than the immortality of service.

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## SPOTS AND STAINS

BY O. W. NOLEN

*San Antonio, Texas*

Almost every nurse is familiar with the disagreeable task of trying to remove some stains from her uniform or from hospital linen, but few nurses know just what to use to remove different kinds of stains, so they go at it in a haphazard way; using ammonia water, chloroform, alcohol or any other substance that they happen to think of, and if they do not know what to use for each particular stain, the chances are that their efforts will be useless, or they may even make